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**Application Form**

Instructions: First answer all questions on this form, and then send this document using the following contact details:

Fondation Clément-Bérini Foundation

c/o Lise Goulet, president

701 - 211 rue St-Patrick

Toronto, ON  M5T 2Y9

[fondationclementberini@gmail.com](mailto:fondationclementberinifoundation@gmail.com?subject=Contact du site web)

An acknowledgment of reception will be sent to you by email within five working days. This acknowledgment will inform you of the next steps to follow.

# **1. Choose application category**

|  |  |  |
| --- | --- | --- |
| **Choice** | **Category** | **Project title** |
| □ | Creation / Exhibition |  |
| □ | Education / Identity |  |
| □ | Arts management / Organizational structure |  |

# **2. Information on the candidate, eg., the person authorized to sign this request**

|  |  |
| --- | --- |
| NAME |  |
| Postal Address |  |
| Phone |  |
| E-mail |  |
| Web site |  |

# **3. Application summary**

Specify the main features of the request, whether it is a request for support (expertise) or funds (amount of money), etc. - 75 words.

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# **4. Project description**

250 words.

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# **5. Budget**

Specify each item and how you see the support taking shape, or, how you arrive at the requested amount.

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Name : description** | **Details of support, or formulas for amount** | **Support or amount requested** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **etc.** |  |  |  |

Budget notes: additional details:

# **6. Résumé or short bio**

**Main participants** (max 10 lignes per person)

For projects with many participants, append one paragraph bio (5 lines max) for each.

|  |  |
| --- | --- |
| **#** | **Name: bio** |
| **1** |  |
| **2** |  |
| **3** |  |

# **7. List of support material**

# Specify format: Digital or Print.

Note: print material will not be returned.

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Format** | **Title** | **Description** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |
| **7** |  |  |  |
| **8** |  |  |  |
| **9** |  |  |  |
| **etc.** |  |  |  |

**Authorized signature of the request:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Title Date